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SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

*U.S. GPO: 1998-443-593/89152

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